

No. W 85421		Due no later than Jul 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. LEGACY HEALTH NETWORK LLC (THE) MORIA WESTENSKOW 441 SOUTH 3RD EAST P.O. BOX 282 REXBURG ID 83440		MORIA WESTENSKOW 441 SOUTH 3RD EAST REXBURG ID 83440			
				3. <u>New</u> Registered Agent Signature: *			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MORIA D WESTENSKOW	441 SOUTH 3RD EAST	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID W 85421		6. Annual Report must be signed.* Signature: Moria Westenskow Name (type or print): Moria Westenskow Date: 07/28/2017 Title: Manager					
Processed 07/28/2017		* Electronically provided signatures are accepted as original signatures.					